

Week of _____

**15.OPS.15 ATTACHMENT 1
AIR MONITOR WEEKLY INSPECTION**

The following inspections shall be conducted on a weekly basis or otherwise as directed by the RSO. Inspectors are required to date and sign their names on the Inspection Checklist that they complete. All items shall be responded to by indicating that an item is either a problem or is not a problem. If an item is not inspected, the Inspector shall respond by writing "NI" in the Problem column with an explanation of why it was not inspected. In the event the Inspector cannot complete a checklist, the new Inspector shall continue with the same inspection and shall date and sign his/her name to that checklist.

Deficiencies noted during inspections will be noted on the form. If the deficiency can be corrected in the same day the correction will be noted on the form. If the deficiency cannot be corrected within the same day then a corrective action shall be initiated by the Inspector.

1) Location A – North Background Air Sampler

Inspection Date: _____ Time: _____

Observed Flow Rate: _____ Within Expected Values? Yes ☐ No ☐

Observed Elapsed Time: _____ Within Expected Values? Yes ☐ No ☐

Comments: _____

2) Location B – South Background Air Sampler

Inspection Date: _____ Time: _____

Observed Flow Rate: _____ Within Expected Values? Yes ☐ No ☐

Observed Elapsed Time: _____ Within Expected Values? Yes ☐ No ☐

Comments: _____

If any of the inspection items are checked "No" and are part of an ongoing corrective action, circle the item and write the originating date beside the item.

Inspector's Signature:

Date of Inspection:

3) Location C – Central West Sir Sampler

Inspection Date: _____ Time: _____

Observed Flow Rate: _____ Within Expected Values? Yes ☐ No ☐

Observed Elapsed Time: _____ Within Expected Values? Yes ☐ No ☐

Comments: _____

4) Location D – Central East Air Sampler

Inspection Date: _____ Time: _____

Observed Flow Rate: _____ Within Expected Values? Yes ☐ No ☐

Observed Elapsed Time: _____ Within Expected Values? Yes ☐ No ☐

Comments: _____

5) Location E – Treatment Building Air Sampler

Inspection Date: _____ Time: _____

Observed Flow Rate: _____ Within Expected Values? Yes ☐ No ☐

Observed Elapsed Time: _____ Within Expected Values? Yes ☐ No ☐

Comments: _____
